



**PERMIT ~ NEW INSTALLATION / REPAIR  
PRIVATE SEWAGE DISPOSAL SYSTEM**  
(Soil Profile Test Required for all New& Replacement Installation Permits)

Site Address: \_\_\_\_\_ Zoning \_\_\_\_\_

Site Plan ( 2 reqd.) Attached: \_\_\_\_ Yes \_\_\_\_ No      Design ( 2 reqd.) Attached: \_\_\_\_ Yes \_\_\_\_ No

Type of P.S.D. System Proposed: \_\_\_\_\_

Property Owner	Mailing Address	City/State/Zip	Phone	
Building Contractor	Mailing Address	City/State/Zip	Phone	License #
System Designer	Mailing Address	City/State/Zip	Phone	License #
Engineer	Mailing Address	City/State/Zip	Phone	
System Installer	Mailing Address	City/State/Zip	Phone	License #

USE OF BUILDING: SFR \_\_\_\_ Other (describe) \_\_\_\_\_ Proposed System Cost: \$ \_\_\_\_\_

**This permit applies specifically to:**

Type of Work: \_\_\_\_ New Install \_\_\_\_ System Repair    Sq. Ft. of House \_\_\_\_ # Bedrooms \_\_\_\_ #Occupants \_\_\_\_

List Water Appliances: \_\_\_\_ DW \_\_\_\_ # Baths \_\_\_\_ Water Softener Other (Ex. Spa's) \_\_\_\_\_

Design Capacity (Gal/day) \_\_\_\_\_ Linear / Sq. Ft. (specify) \_\_\_\_\_ Type of Sand Proposed: MA-2 \_\_\_\_ C33 \_\_\_\_

System Notes/Special Conditions: \_\_\_\_\_

**Occupancy of New Installations is permitted only upon final inspection and validation by the City of De Soto, Building Inspection Department. 32905 W. 84 St., De Soto, KS 66018 (913-583-1182 e130)**

**Note: A valid copy of Permit & As-Built Drawings must be provided to the homeowner / property owner.**

**Contractor must provide Building Inspections "as built" drawings, before Final Occupancy, for City record.**

I affirm that the above statements are true and correct and I bind myself to comply with the Codes, Ordinances and Zoning pertaining to or governing the construction, repair, alterations or use of the land. I understand that the owner/installer/contractor, and not the city, is responsible for determining all required setbacks, easements, utility locations, and compliance with all city regulations, before starting construction.

\_\_\_\_\_  
Signature of Installer / Contractor / Owner or Authorized Agent

\_\_\_\_\_  
Date

**Permit Fees:**

New System Install \_\_\_\_ \$250.00    System Repair / Soil Test \_\_\_\_ \$100.00    Res. Re-Sale Inspection \_\_\_\_ \$100.00

**Total Due: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_**

Permit Approved By/Date	Final Inspection / Date	As Built Plans On-File / Date
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